

## 8.B Medicare: Enrollment, Utilization, & Reimbursement

Table 8.B9.—Supplementary Medical Insurance: Number of reimbursed bills, charges, and amount reimbursed, by type of service and type of beneficiary, 1966-97

[In thousands. Includes only bills for which reimbursements were made by carriers or intermediaries and recorded in Health Care Financing Administration records before Mar. 29, 1998]

Period claim approved <sup>1</sup>	All services <sup>2</sup>	Physicians' services			Outpatient hospital services	Independent laboratory services	Home health services <sup>4</sup>	All other services	
		Total	Surgical <sup>3</sup>	Medical <sup>3</sup>					
Persons aged 65 or older:	Number of bills								
	1966.....	1,360	1,268	313	956	39	14	16	22
	1978.....	114,486	90,239	18,186	72,053	13,037	4,234	805	6,171
	1983.....	176,086	134,335	16,654	117,681	20,701	8,827	82	12,141
	1990.....	418,160	312,037	34,531	277,506	40,209	38,913	129	26,872
	1993.....	505,668	359,438	39,831	319,607	40,130	48,172	158	57,770
	1994.....	553,057	397,121	42,644	354,477	44,171	52,169	175	59,421
	1995.....	577,938	407,695	44,994	362,701	47,917	53,352	207	68,767
	1996.....	583,021	407,029	45,743	361,286	50,378	50,724	247	74,643
	1997.....	599,147	418,148	46,323	371,825	52,044	50,179	247	78,529
	Allowed charges <sup>5</sup>								
	1966.....	\$123,593	\$119,818	60,580	\$59,237	\$973	\$472	\$1,021	\$1,310
	1978.....	7,992,518	6,170,346	2,464,820	3,705,526	1,117,213	70,257	109,558	525,144
	1983.....	24,565,669	14,573,773	6,111,658	8,462,115	8,027,936	250,424	27,355	1,686,181
	1990.....	51,104,821	30,592,027	12,518,815	18,073,212	13,623,138	1,377,567	100,152	5,411,937
	1993.....	68,715,908	33,599,126	12,015,131	21,583,995	23,809,925	1,843,545	169,539	9,293,773
	1994.....	76,448,087	37,783,476	12,875,813	24,907,663	28,054,368	1,829,578	211,100	8,569,565
	1995.....	83,692,691	39,732,907	13,702,939	26,029,968	31,518,662	1,818,378	275,758	10,346,986
	1996.....	87,560,077	39,158,031	13,152,266	26,005,765	34,789,242	1,605,298	314,580	11,692,926
	1997.....	92,411,749	40,319,861	12,932,915	27,386,952	37,260,122	1,505,119	334,472	12,992,169
Amount reimbursed <sup>6</sup>									
1966.....	\$83,713	\$81,348	\$43,436	\$37,912	\$502	\$329	\$629	\$905	
1978.....	5,933,099	4,736,819	1,921,427	2,815,392	644,632	68,149	105,395	378,104	
1983.....	14,756,262	11,300,926	1,824,454	6,476,472	2,006,984	200,339	21,884	1,226,129	
1990.....	34,742,058	23,661,307	9,711,014	13,950,293	6,021,631	1,327,053	70,237	3,661,830	
1993.....	41,765,841	26,318,041	9,455,819	16,862,222	7,910,686	1,796,000	120,591	5,620,523	
1994.....	45,709,497	29,621,615	10,153,343	19,468,272	8,854,846	1,778,769	150,643	5,303,624	
1995.....	49,469,767	31,107,570	10,809,639	20,297,931	10,260,659	1,765,623	196,903	6,139,012	
1996.....	50,424,660	30,656,060	10,369,909	20,286,151	10,703,809	1,556,004	225,085	7,283,702	
1997.....	52,313,890	31,587,475	10,204,492	21,382,983	11,143,265	1,455,137	234,682	7,893,331	
Disabled beneficiaries:	Number of bills								
	1990.....	42,871	28,969	2,600	26,369	6,669	3,810	...	3,423
	1993.....	59,344	38,447	3,364	35,083	8,743	5,217	...	6,937
	1994.....	69,144	45,823	3,819	42,004	10,063	6,466	...	6,792
	1995.....	76,914	49,723	4,256	45,467	11,137	7,728	...	8,326
	1996.....	81,622	52,115	4,511	47,604	12,053	7,898	2	9,554
	1997.....	85,634	55,114	4,748	50,366	12,365	7,991	...	10,164
	Allowed charges <sup>5</sup>								
	1990.....	\$6,619,125	\$2,963,905	\$994,472	\$1,969,433	\$2,700,544	\$146,877	\$604	\$807,195
	1993.....	10,474,625	3,785,436	1,072,254	2,713,182	5,168,927	207,027	108	1,313,127
	1994.....	12,327,406	4,610,415	1,220,687	3,389,728	6,431,161	239,103	14	1,046,713
	1995.....	14,239,476	5,003,760	1,381,242	3,622,518	7,580,495	280,617	97	1,374,507
	1996.....	15,747,549	5,102,031	1,390,256	3,711,775	8,613,340	279,405	148	1,752,625
	1997.....	16,960,480	5,372,778	1,409,779	3,962,999	9,331,354	277,870	12	1,978,466
	Amount reimbursed <sup>6</sup>								
	1990.....	\$4,526,423	\$2,253,896	\$768,391	\$1,485,505	\$1,534,430	\$142,663	\$412	\$595,022
	1993.....	6,415,719	2,884,708	835,115	2,049,593	2,428,291	203,551	73	899,096
	1994.....	7,342,669	3,514,278	952,576	2,561,702	2,859,651	234,509	9	734,222
	1995.....	8,347,843	3,792,874	1,078,514	2,714,360	3,299,595	275,889	68	979,417
	1996.....	9,016,548	3,860,370	1,087,705	2,772,665	3,630,840	274,389	103	1,250,846
1997.....	9,545,878	4,069,963	1,102,788	2,967,175	3,830,664	272,802	9	1,372,440	

<sup>1</sup> Period for which the carrier approved bills for payment.

<sup>2</sup> Included in total, but not shown separately, are some bills and charges for which type of service is unknown.

<sup>3</sup> Where both medical and surgical charges are included on a single bill, the highest-priced service is the determining factor in classifying the bill.

<sup>4</sup> The Omnibus Reconciliation Act of 1980 (P.L. 96-499) eliminated the 100-visit limit on home health services and the 3-day prior hospitalization requirement.

<sup>5</sup> Includes physician or supplier allowed charges as determined by the carrier and amounts actually billed by providers for outpatient hospital and home health services.

<sup>6</sup> Amount reimbursed to or on behalf of the beneficiary—generally 80 percent of the allowed charges, once the beneficiary has satisfied the deductible in the current year. Some radiology and pathology services are reimbursed at a 100 percent rate, regardless of the beneficiary's deductible status. Beginning calendar year 1973, home health services provided under the Supplementary Medical Insurance program are reimbursed at 100 percent of the reasonable cost less any applicable deductions.

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